

# Department of Health Care Services (DHCS)



CMAA/TCM  
Time Survey Training  
**Train the Trainers**  
2013/2014

Module 1

# Introduction

# Training Outline

- Introduction
- Time Survey Training
- CMAA Claiming Plan Training
- Invoice Training
- Site Review/Audit file Training



# Preface

- This training outlines the State of California Department of Health Care Services (DHCS) Time Survey Methodology for the County Based Medi-Cal Administrative Activities (CMAA) and Targeted Case Management (TCM) programs.
- The Time Survey Methodology portion provides guidance and instruction to the Local Governmental Agencies (LGA), the Community-Based Organizations (CBO), and the Local Public Entities (LPE) that participate in the CMAA and TCM programs.
- The CMAA Program Operational Plan portion provides guidance and assistance to entities participating in the CMAA program regarding the proper processes and procedures to construct an appropriate method to claim.

# The County Structure of California

- California counties act as agents of the State and, as such, are subject to extensive State administrative supervision and regulation for health, mental health, and various other social services programs.

# Medicaid within the County

## Structure of California

- Medicaid is a federal system of health insurance for those requiring financial assistance. Within the U.S., states have a partnership with the federal government in which the federal government establishes the basic Medicaid program rules and the States administer the Medicaid program.
- Pursuant to W&I Code §14132.44 and §14132.47, CMAA and TCM became covered Medi-Cal benefits on January 1, 1995. CMAA relates to the activities performed that are necessary for the proper and efficient administration of the Medi-Cal program. TCM provides services as defined in the State Medicaid Plan.



# The CMAA Program within the County Structure of California

- LGAs participating in the CMAA program are eligible to receive federal reimbursement for the cost of performing administrative activities that directly support efforts to identify and enroll potential eligible individuals into Medi-Cal.
- A “claiming unit” is defined as a part of an LGA, such as a public agency, or is a private CBO contracted by an LGA to perform CMAA whose costs are identifiable as a separate budget unit.

# The TCM Program within the County Structure of California

- LGAs participating in the TCM program are eligible to receive federal reimbursement for the cost of providing services that directly support medical services covered under the State Medicaid Plan. LGAs provide TCM to Medi-Cal eligible individuals in California.
- Reimbursements for TCM are based on the public expenditures for the provision of TCM as disclosed in the LGA's annual TCM cost report.



# Federal Reimbursement for Medi-Cal Program Expenditures

- Medi-Cal is a federal “reimbursement” program and not a federal “matching” or “grant” program, LGAs that meet Medi-Cal program requirements and claim qualified expenditures associated with the administration and provision of services for the Medi-Cal program may be eligible to receive reimbursement from the federal government for a portion of the expenditures.

# Federal Reimbursement for Medi-Cal Program Expenditures (Continued)

## 1. Federal Financial Participation (FFP)

- FFP is the reimbursement LGAs receive for their Medi-Cal program expenditures.
  - The amount expended for providing medical assistance must be certified by the contributing public agency as representing expenditures eligible for FFP.

## 2. Federal Medical Assistance Percentage (FMAP)

- The FFP amount an LGA receives is dependent on California's Federal Medical Assistance Percentage (FMAP).
  - The Federal Government shall pay to the State a percentage "of the total amount expended" for providing medical assistance.



# Federal Reimbursement for Medi-Cal Program Expenditures (Continued)

## 3. Enhanced FFP:

- When the amounts expended for providing medical assistance “are attributable to the compensation or training of skilled professional medical personnel (SPMP), and staff directly supporting such personnel”, the FFP rate shall be 75 percent.
- SPMP and SPMP Support Staff Requirements:
  - The activities must be necessary for the proper and efficient administration of the State plan.
  - The staff designated as SPMP must have completed a two year program leading to an academic degree or certificate in a medically related program or have professional education and training in the field of medical care or an appropriate medical practice.
  - The activities performed by the SPMP must require the use of their professional medical knowledge, training, and/or expertise.
  - The directly supporting staff provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the skilled professional medical staff.
  - The SPMP, and staff directly supporting such personnel, must have a documented employer-employee relationship with the State Medicaid agency.
  - The public agency must have a written agreement with the Medicaid agency to verify that the requirements listed above are met.



# Federal Reimbursement for Medi-Cal Program Expenditures (Continued)

## 4. Certified Public Expenditures (CPE)

- LGAs, and other contributing public agencies, must maintain supporting documentation verifying that 100 percent of the claimed expenditures are specifically related to performing Medi-Cal administrative activities in order to certify and receive federal financial participation (FFP).
- The supporting documentation must verify:
  - 100 percent of the expenditures eligible for reimbursement are specifically related to performing the administrative activities and services of the Medi-Cal program.
  - The expenditures eligible for reimbursement are restricted to the actual costs incurred.
  - The funds expended to account for the actual costs are from revenue sources allowable under all applicable state and federal laws and regulations.
  - The administrative activity and service expenditures of the Medi-Cal program are incurred prior to requesting FFP reimbursement.

# Non-Duplication of FFP

- An LGA may not draw down the same FFP reimbursement for identical costs from more than one FFP program.
- Claims for reimbursement shall not be duplicated, in whole, or part.
- Receiving duplicate reimbursement for the costs of Medi-Cal program activities or services that have been, or should have been, reimbursed through another funding source is not allowed. LGAs are required to verify that claims for reimbursement of Medi-Cal program expenditures have not previously been used for federal match through an alternate funding source.
- Claims for reimbursement of any Medi-Cal program activity that is provided as part of, or an extension of, a direct medical service is not claimable in either program.



# FFP Exclusions/Applications

- Per Section 1905(a) of the Social Security Act and 42 CFR 435.1009, when a person is an inmate of a public institution, FFP is not available until the inmate is about to be released from the public institution. However, FFP may be available under certain specific circumstances. Providing Medi-Cal eligibility intake administrative activities to an inmate to facilitate their enrollment into Medi-Cal within thirty (30) days of their release date is exempt from the FFP exclusion; although, no other administrative activities or direct Medi-Cal services are allowable for inmates of public institutions. This activity is “proper and efficient for the administration of the State Plan.”

In each circumstance, claims for FFP reimbursement must comply with the policies and procedures of the FFP program. Any claims that are not in compliance will be denied. Once the inmate is released from the State institution, Medi-Cal program activities or services can be performed and the exclusion described above no longer applies.

## Application of FFP Rate:

### **Basic Rate: 50 percent**

Administrative activity that is allowable under the Medi-Cal program and claimable at the 50 percent FFP rate.

### **Enhanced Rate: 75 percent:**

Administrative activity that is allowable under the Medi-Cal program performed by a staff member qualified as a Skilled Professional Medical Personnel (SPMP) or staff directly supporting an SPMP, and is claimable at the 75 percent FFP rate.

## TCM:

Determined by multiplying the total cost of TCM services by California's FMAP for the applicable claiming period.



# Questions?

